

STATEMENT OF
THE HONORABLE MIKE BILIRAKIS, CHAIRMAN
SUBCOMMITTEE ON HEALTH AND ENVIRONMENT

MARCH 20, 1997

FULL COMMITTEE MARKUP OF H.R. 1003 (HALL)
ASSISTED SUICIDE FUNDING RESTRICTION ACT OF 1997

I AM VERY PLEASED THAT THE COMMITTEE IS
MEETING TODAY TO MARKUP H.R. 1003, THE ASSISTED
SUICIDE FUNDING RESTRICTION ACT OF 1997.

AT THE RISK OF BEING REPETITIVE, I WOULD LIKE TO
EXPRESS TO ALL MY COMMITTEE COLLEAGUES SOMETHING
I SAID DURING HEALTH THE SUBCOMMITTEE'S MARKUP OF
THIS BILL:

I THINK THIS BILL ENABLES US TO FULFILL ONE OF
THE MOST IMPORTANT OBLIGATIONS WE HAVE AS
REPRESENTATIVES OF THE AMERICAN PEOPLE:
DEVOTING OUR CONSTITUENTS' TAX DOLLARS TO
ONLY THOSE USES THAT REFLECT THEIR VALUES.

BY APPROVING H.R. 1003 TODAY, WE WILL PREVENT THE USE OF ANY FEDERAL FUNDS TO PAY FOR ASSISTED SUICIDE, EUTHANASIA, OR MERCY KILLING. AS A RESULT, WE WILL BE ABLE TO ENSURE THAT THE BILLIONS OF TAX DOLLARS WE SPEND ON SUCH IMPORTANT PROGRAMS AS MEDICAID, MEDICARE, AND THE PUBLIC HEALTH SERVICE WILL GO TO THE MOST IMPORTANT USE POSSIBLE:

PRESERVING LIFE -- NOT CAUSING DEATH.

THE COMMITTEE PRINT BEFORE THE FULL COMMITTEE TODAY INCLUDES SEVERAL IMPORTANT CHANGES APPROVED BY THE SUBCOMMITTEE:

- IT ESTABLISHES RESEARCH AND DEMONSTRATION GRANT PROJECTS THAT USE EXISTING FUNDS TO REDUCE THE RATE OF SUICIDE (INCLUDING ASSISTED SUICIDE) BY FURTHERING OUR KNOWLEDGE AND PRACTICE OF END-OF-LIFE CARE AND SUICIDE PREVENTION.

- IT ESTABLISHES PREFERENCES FOR THE RECEIPT OF THESE GRANT FUNDS TO MEDICAL SCHOOL TRAINING INITIATIVES AND RESEARCH AND DEMONSTRATION PROJECTS THAT WILL MOST IMPROVE OUR EFFORTS TO PROVIDE THE BEST CARE AND PREVENTION SERVICES POSSIBLE.
- IT DIRECTS THE GENERAL ACCOUNTING OFFICE TO COMPILE ALL THE INFORMATION WE WILL NEED TO TAKE WHATEVER ADDITIONAL ACTION IS NECESSARY TO FURTHER THE KNOWLEDGE AND PRACTICE OF END-OF-LIFE CARE AND SUICIDE PREVENTION.
- FINALLY, IT INCLUDES A TECHNICAL REVISION AGREED TO BY STAFF, WITH THE UNANIMOUS CONSENT OF THE SUBCOMMITTEE, TO MAKE IT ABSOLUTELY CLEAR THAT THIS MEASURE DOES NOT AFFECT THE DOCTOR-PATIENT RELATIONSHIP.

LET ME REPEAT THAT LAST POINT. H.R. 1003 DOES NOT INTERFERE WITH A PATIENT'S RIGHT TO REJECT OR DISCONTINUE MEDICAL TREATMENT. IT DOES NOT HAVE ANY EFFECT ON THE DOCTOR-PATIENT RELATIONSHIP. AND IT PRESERVES THE RIGHT OF ALL PATIENTS TO OBTAIN THE PAIN RELIEF AND OTHER END-OF-LIFE CARE THEY SEEK.

INSTEAD, THIS BILL ACHIEVES ONLY ONE OBJECTIVE -- BUT IT IS A CRITICAL ONE: THE ASSURANCE THAT FEDERAL FUNDS WILL NOT BE USED TO ASSIST IN THE SUICIDE OF ANY AMERICAN.

THIS IS AN IMPORTANT MEASURE, STRONGLY SUPPORTED BY 87 PERCENT OF OUR CONSTITUENTS, BY THE RELIGIOUS COMMUNITY, BY PATIENTS, PROVIDERS, MEDICAL ETHICISTS, AND ACADEMICIANS.

I HOPE THAT WE WILL GIVE THIS MEASURE OUR STRONG SUPPORT -- AND AVOID THE RANCOR OF DIVISIVE AMENDMENTS.

WE ARE ALL COMMITTED TO IMPROVING END-OF-LIFE CARE AND SUICIDE PREVENTION. LET US AGREE TO DO SO IN THE MOST EFFECTIVE MANNER POSSIBLE -- ARMED WITH THE INFORMATION WE NEED TO MAKE A VALUABLE DIFFERENCE.

I CALL ON MY COLLEAGUES TO RELY ON THE VALUABLE INFORMATION AND RESEARCH PROVISIONS OF THIS BILL, TO GIVE CONGRESS THE OPPORTUNITY TO ACT ON THE INFORMATION THEY PROVIDE US, AND TO PROTECT OUR MEDICAL SCHOOLS FROM THE LOSS OF THE FUNDING THEY RELY ON TO PROVIDE PEDIATRIC, FAMILY MEDICINE, AND GERIATRIC TRAINING.

THANK YOU.